

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10-725399

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2						
3						
4						
5						
6						
7		5		5		
8		6		5		
9		6		5		
10		6		5		
11				1		
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TOTAL IND.	1		3			
TOTAL DEP.	39		26			
TOTAL CLAIMS	30		29			

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